Bowdoin College

COMMUNITY APPLICATION FOR ENROLLMENT

Date of Application		
Name of Child	D.O.B	
Addres <u>s</u>	mo. TownZip	day yr. D
Parent or guardian	HomePhone	
Email Addres <u>s</u>		
Address (if different from child)	City/State	zip
	Cell/Work Phone	
Parent or guardian	HomePhone	
Email Addres <u>s</u>		
Address (if different from child)	City/State	zip
	Cell/Work Phone	
Have you of a family member ever been If yes, when and for what department?	·	
Please indicate if you are interested in: 10-monthcontract(third weekin Augu 12-monthcontract	st - secon d /eekin June)	
Based on your child's age on October 15 your child in one of these programs. We		•
Infant (12 weeks – 15 months) Older Toddler (2 years 3 years)	Young Toddler (11 months –yæars) Preschool (2.6 years –yæars)	

Currently, weonly offer full-week care. You are welcome send your child forcare as often asyou chooseduring the week, howeveour Centerdoes not offer part-time slot options.

We typically enroll